

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. James M. Atkins

Mailing Address 9055 Maple Glen

City
Dallas

State
TX

Zip Code
75231-4845

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Southwestern Medical School

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 02 / 2013

Transaction ID : 53896354

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael Edward Kruczek

Mailing Address 13918 Bluffmont

City

San Antonio

State

TX

Zip Code

78216-1923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michael E. Kruczek, MD - Pain Manageme

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 04 / 2013

Transaction ID : 53896360

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Dr. Robert Quarles Lewis

Mailing Address 4942 Greenbriar Dr

City

Corpus Christi

State

TX

Zip Code

78413-2718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Surgery & Sports Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 09 / 2013

Transaction ID : 53896367

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00